

If you would like to get involved in the **Amazing Futures Project**, we need some information about you.

This information will be kept confidential, which means we won't share it with other people without your permission.

We also ask you to fill out a **photo and video consent form**. This is because we sometimes take photos and videos at peer support groups and other events. You can use this form to tell us if it's okay for us to use photos and videos of you.

Please fill out both these forms and return them to Jem Hadert:

jem@amazesussex.org.uk

or post them in an envelope without a stamp to:

Jem Hadert
Amaze
FREEPOST SEA 14216
Brighton BN1 3ZZ

If you have any questions about this form, or the Amazing Futures peer support project, please call Jem **on 07485 349659** 

Jem works part-time for Amaze, so please leave a message if you can't get through and he will get back to you as soon as he can.



About yo	u
Your Name	
Date of Birth	Pronouns (she, he, they)
Address & Postcode	
Phone Numb	er
Email	
GP Surgery	
	about any physical or mental health conditions and/or ave, and how can we best support you?
Where did yo	u find out about Amazing Futures?



### Emergency contact

This is	who yo	ou wan	t us to conf	tact if you a	are invo	lved in an eme	rgency	
Name	e							
(Parent	ionship , carer, partner)	)						
Addr & Pos	ess stcode							
Phon	e Num	ber						
Emai	1							
		•	erences		vou ple	ease tick all th	nat ann	lv.
_			-		you, pie	Via Parent	іас аррі	<b>'у.</b>
vvna	atsApp		Text	Email		/ carer		
			_		–	up that is use Ild you like to		
Yes		No	)					
			:/carer like on about t			nt/carer Whatents?	:sApp th	nat is use
Yes		No						

Date filled in: .....



### Group preferences Which Amazing Futures group are you interested in? Self-Advocacy Power Group Art LGBTQ+ Young Peoples Group Drama Young Women's Group Video Games **Board Games** Volunteering Summer Games and Sport in **Indoor Sports** the Park What are your hobbies and interests? Any extra information? I agree to Amaze keeping my personal information on their database and I understand that Amaze will not pass this on to people outside Amaze. I understand that I can change my mind about this. You can find out more about why we collect this information and how we comply with Data Protection law here: https://amazesussex.org.uk/privacy-statement/

Signature: .....



### About Data Sharing with NHS

The Amaze Family Support Service is funded by the NHS, this includes Amaze NDP Family Training and Navigation Service, Face 2 Face and Amazing Futures. To enable the NHS to monitor the service and its impact on children and young people, they ask us to share anonymised information about who is accessing our service.

If you access our Young People Engagement service, we will ask if you agree to us sharing the data below. Your name would not be included.

#### Below are the personal details of what we share

- your postcode
- your date of birth
- your GP practice
- your gender
- whether your gender is the same as the gender assigned at birth
- your ethnicity
- the main reason you are accessing Amaze

In addition, we would provide details of how long you were supported by our service and the type of contacts you have with us (no information about what was discussed at these contacts is passed on) and the reason for ending support with us.

#### Who manages the information shared with the NHS?

The information collected about you/your young person is managed by NHS Digital, the national provider of information, data and IT systems in health and social care. The role of NHS Digital is to ensure that high quality information is used appropriately to improve patient care. It publishes key statistics and shares information to support important research and commissioning.

#### What is the data used for?

This is part of a national strategy called the Mental Health Services Data Set (MHSDS) which aims to deliver nationally consistent and comparable person-based information for children, young people and adults who are in contact with mental health or learning disability services. The data collected is passed to NHS Digital and supports evidence-based clinical practice and helps the NHS to demonstrate improved outcomes. It is also used to inform service improvements and monitor service performance and outcomes.

#### Do I have to agree to this so that I can access your service?

No, you can of course still access our service if you do not consent, however, so that we can evidence the work we are doing we do appreciate you considering this.

#### How do I find out more?

If you have any queries about what NHS Digital does with your information or would like to know more please get in touch:

- Tel: 0300 303 5678
- Email: enquiries@nhsdigital.nhs.uk
- http://digital.nhs.uk/home

Do you consent?	Yes	No	Date filled in:	Signature:
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### **Equal Opportunities**

At Amaze we are committed to the principles of **equality** and **diversity** for all of our young people, volunteers and peer supporters, regardless of race, gender, sexual orientation, religious belief, ethnic origin or disability.

We collect this information to help us **improve our services** and meet our duties under the Equalities Act 2010.

Please tick the most appropriate box below to describe your ethnic group or origin:

White	Mixed/multiple ethnic		
British	White & Black Caribbean		
Irish	White & Black African		
Traveller of Irish Hertiage	White & Asian		
Gypsy/Roma	Other mixed/multiple		
Any other White background	backgrounds		
Black or Black British	Asian or Asian British		
African	Indian		
Caribbean	Pakistan		
Traveller of Irish Hertiage	Chinese		
Any other Black background	Bangladeshi		
	Any other		
Other	Asian background		
Arab			
Any other ethnic background			

Prefer not to say



### **Equal Opportunities**

Please tick the most appropr	riate box b	elow to	describ	e your sexuality		
Heterosexual			Other			
Gay			Prefer	not to say		
Bisexual			I don't	know		
Asexual			Lesbia	n		
Please tick the most appropr	riate box b	elow to d	describ	e your gender		
Female			Male			
Non-Binary			Other			
Self Describe:			Prefer	not to say		
What is the gender you were	assigned	at birth?				
Do you consider yourself to h	nave a disa	ability?				
Yes	No			Prefer not to say		
Please tick the most appropr	riate box b	elow to d	describ	e your disability		
Autism		Senso	ry Impa	airment		
ADHD	ADHD			Social communication concerns		
Physical Disability	Menta	Mental Health Condition				
Tics/Tourette's Syndrome	Senso	Sensory processing disorders				
Foetal Alcohol Spectrum Condition	Develo	Developmental Language Disorder				
Learning Disabilities/	Developmental Coordination					
Developmental Delay	Disorder (dyspraxia)					
Long standing illness or he		Specific learning disorders (dyslexia & dyscalculia)				



### **Photo Consent Form**

#### Amaze sometimes takes photos or videos at groups & events.

#### We use these photos and videos to:

- show the real people at the heart of Amaze
- celebrate your successes and achievements
- show people what Amaze does, and what to expect at our events and groups

#### These photos and videos may be used in:

- · leaflets, flyers, and posters
- videos about Amaze or disabilities
- our e-newsletter and young people's magazine
- fundraising campaigns
- our website & social media
- local newspaper articles about Amaze

We also sometimes let the photographer use some photos in their portfolio, if you agree. A portfolio is a website showing their best photos

#### We promise:

- We will not use photos or videos of you unless you agree that we can.
- We will keep your information safe and private.
- We will keep your photos and videos safe. We will never sell them to anyone.
- We will ask you again in three years if you are still happy for us to take photos or videos of you. You can tell us at any time if you change your mind and we will stop using your photos and videos in things we make.

However, anything shared on the internet can be saved and shared by other people. If that happens, Amaze cannot remove your photos and videos from those other websites or apps.



Photo Consent Form						
Your Name	Age					
Email						
Please circle/tick to confirm:						
I agree to Amaze using <b>photos</b> of me	Yes	No				
I agree to Amaze using <b>videos</b> of me	Yes	No				
I agree to the <b>photographer</b> using <b>photos of me</b> in their <b>portfolio</b>	Yes	No				
I understand how these photos & videos n	night be used					
I understand I can tell you if I don't want you to use photos or videos of me any more.						
I understand Amaze can only remove photos and videos from our own websites. If people share them anywhere else Amaze cannot remove them from those websites or apps.						
No one is making me agree to this, it's my choice.						
Sign Here	Date					
If you are under 16 - Please ask your parent or	carer to sign	here:				
Parent/carer	Date					

Save your completed form and email it to jem@amazesussex.org.uk or print it out and send to the postal address on page 1.